

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>4014</u>	2. Fiscal Year Covered From: <u>1</u> / <u>7</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Glen</u> <u>P</u> <u>Banks</u>  P.O. Box, Bldg., Room No., if any <u></u>  Street <u>1502 Miller Road</u>  City <u>Westminster</u>  State <u>Maryland</u> ZIP Code + 4 <u>21158-3046</u>	4. Name, file number, and address of labor organization. Name <u>Int. Organization of Masters, Mates &amp; Pilots</u>  Labor Organization File Number <u>000-162</u>  P.O. Box, Building and Room Number, if any <u></u>  Street <u>700 Maritime Blvd</u>  City <u>Linthicum Heights</u>  State <u>Maryland</u> ZIP Code + 4 <u>21090-1941</u>
5. Position in labor organization. <u>International Secretary Treasurer</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value <b>from an employer whose employees your organization represents</b> or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u></u>  Trade Name, if any: <u></u>  P.O. Box, Bldg., Room No., if any <u></u>  Street <u></u>  City <u></u>  State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u></u>  7.b. Amount. <u></u>

### Signature

**15. Signature and verification.** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

[Signature]

On

7-18-04  
7-18  
Date

Telephone Number

410-850-8700

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Seagal and Company

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1 park ave

City New York

State New York

ZIP Code + 4

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 11.a. Nature of such dealing.

actuary firm providing reviews and advice to various plans

## 11.b. Approximate dollar value of such dealing.

\$264,350

## 12.a. Nature of interest held or income received.

provided dinner for all trustees after meetings at prime rib restaurant in Baltimore Maryland 1/13/04

## 12.b. Amount.

\$125

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐ ?

## 14.b. Amount of payment.

Name of Person Filing Glen Banks	File Number U-
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**Part B Continuation Page**

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text" value="Bank of New York"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text" value="1 Wall Street"/></p> <p>City <input type="text" value="New York"/></p> <p>State <input type="text" value="New York"/> ZIP Code + 4 <input type="text" value="10286"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text" value="Masters Mates &amp; Pilots Benefit Plans"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text" value="700 Maritime Blvd"/></p> <p>City <input type="text" value="Linthicum Heights"/></p> <p>State <input type="text" value="Maryland"/> ZIP Code + 4 <input type="text" value="21090-1941"/></p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> funds custodian for plans money </div> <p>11.b. Approximate dollar value of such dealing. <input type="text" value="\$308,000"/></p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> provided dinner for trustees at completion of trust meetings at Charleston Resturant Baltimore Maryland 5/25/04 </div> <p>12.b. Amount. <input type="text" value="\$300"/></p>

## Part B Continuation Page

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## 8. Name and address of Business (including trade name, if any).

Name Gorfine Schiller &amp; Gurdy

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 10045 Red run Blvd

City Ownings Mills

State Maryland

ZIP Code + 4 21117-4831

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Masters, Mates &amp; Pilots Benefit Plans

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 700 Maritime Blvd

City Linthicum Heights

State Maryland

ZIP Code + 4 21090-1941

## 11.a. Nature of such dealing.

accounting firm that yearly reviews funds

## 11.b. Approximate dollar value of such dealing.

\$7,000

## 12.a. Nature of interest held or income received.

while attending AFLCIO event provided dinner at  
CHef Volas Atlantic City New Jersey 1-8-04

## 12.b. Amount.

\$40

Name of Person Filing Glen Banks	File Number U-
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**Part B Continuation Page**

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text" value="Steptoe &amp; Johnson"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text" value="1330 Connecticut Ave NW"/></p> <p>City <input type="text" value="Washington"/></p> <p>State <input type="text" value="District of Columbia"/> ZIP Code + 4 <input type="text" value="20036"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text" value="Masters Mates &amp; Pilots Benefit Plans"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text" value="700 Maritime Blvd"/></p> <p>City <input type="text" value="Linthicum Heights"/></p> <p>State <input type="text" value="Maryland"/> ZIP Code + 4 <input type="text" value="21090-1941"/></p>	<p>11.a. Nature of such dealing.</p> <div><input type="text" value="law firm representing MM&amp;P benefit plans"/></div> <p>11.b. Approximate dollar value of such dealing. <input type="text" value="\$343,000"/></p> <p>12.a. Nature of interest held or income received.</p> <div><input type="text" value="provided use of suite box to view MCI center basketball game in DC 2-28-04"/></div> <p>12.b. Amount. <input type="text" value="\$210"/></p>

Name of Person Filing Glen Banks

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Steptoe &amp; Johnson

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1330 Connecticut Ave NW

City Washington

State District of Columbia ZIP Code + 4 20036

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Masters Mates &amp; pilots benefit plans

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 700 Maritime Blvd

City Linthicum Heights

State Maryland ZIP Code + 4 21090-1941

## 11.a. Nature of such dealing.

Law firm representing MM&amp;P benefit Plans

## 11.b. Approximate dollar value of such dealing.

\$343,000

## 12.a. Nature of interest held or income received.

provided dinner for trustees at conclusion of trustee meeting at Ruth Chris Steak House Baltimore Maryland 9-28-04

## 12.b. Amount.

\$150

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name The McLaughlin Company

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1725 Desales Street NW

City Washsington

State District of Columbia ZIP Code + 4 20036

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Masters Mates &amp; Pilots

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 700 Maritime Blvd

City Linthicum Heights

State Maryland ZIP Code + 4 21090-1941

## 11.a. Nature of such dealing.

provides insurance coverage for the union

## 11.b. Approximate dollar value of such dealing.

\$226,000

## 12.a. Nature of interest held or income received.

McLaughlin sent me a poinsettia plant during xmas holidays 2004

## 12.b. Amount.

\$45

## Part B Continuation Page

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## 8. Name and address of Business (including trade name, if any).

Name Independent Fiduciary Services

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 805 15th Street NW

City Washington

State District of Columbia ZIP Code + 4 20036

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Masters, Mates &amp; Pilots Benefit Plans

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 700 Maritime Blvd

City Linthicum Heights

State Maryland ZIP Code + 4 21090-1941

## 11.a. Nature of such dealing.

provides investment counseling to benefit plans

## 11.b. Approximate dollar value of such dealing.

\$250,000

## 12.a. Nature of interest held or income received.

luncheon at Cheesecake Factory in Baltimore  
Maryland 4-5-04

## 12.b. Amount.

\$35



## Part B Continuation Page

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## 8. Name and address of Business (including trade name, if any).

Name Masters Mates &amp; Pilots Benefit Plans

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 700 Maritime Blvd

City Linthicum Heights

State Maryland

ZIP Code + 4 21090-1941

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Masters Mates &amp; Pilots benefit Plans

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 700 Maritime Blvd

City Linthicum heights

State Maryland

ZIP Code + 4 21090-1941

## 11.a. Nature of such dealing.

Trust Plans of which I am a trustee

## 11.b. Approximate dollar value of such dealing.

\$700,000,000

## 12.a. Nature of interest held or income received.

TRust Meetings Expense Reimbursement Jan 04 \$231  
Trust Meetings Expense Reimbursement Aug 04 \$399  
Trust Meetings expense Reimbursement Oct 04 \$191  
IFEBP Annual Membership \$650

## 12.b. Amount.

\$1,471